of EQ-5D, the frequency of T2DM patients responding as having "some problem" and "extreme problem" was 4.6% and 1.6% for mobility, 7.9% and 1.4% for self-care, 13.9% and 1.7% for usual activities, 27.5% and 1.1% for pain/discomfort, and 26.6% and 1.3% for anxiety/depression, respectively. The mean VAS score (±SD) of patients was 70.4 ± 15.1. **CONCLUSIONS:** The rates of T2DM patients with "some problem" in pain/discomfort, and anxiety/depression were relatively high; rate with "extreme problem" for usual activities was also higher than other dimensions. The results of 5D were consistent with the low VAS score. These findings imply that there was a significant impact on the health status of T2DM patients with OADs therapy due to pain/discomfort, and anxiety/depression. It underscores the urgent need to adopt effective measures toward prevention and control of diabetes to improve patients' quality of life.

PDB71

QUALITY-ADJUSTED LIFE-YEAR (QALY) WEIGHTS ASSOCIATED WITH DIFFERENT SEVERITY LEVELS OF DIABETIC RETINOPATHY

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OBJECTIVES: The objective of this study was to elicit quality-adjusted life-year (QALY) weights for the different severity levels of diabetic retinopathy (DR) and to evaluate the adequacy of using certain health-related quality of life (HRQoL) instruments for this purpose. **METHODS:** The study population comprises 151 patients with diabetes (type 1 and 2) that either attended the eye clinic at Linköping University Hospital or were registered at any of the two vision centrals in Östergötland County, Sweden. Participants were interviewed over the phone using time trade-off (TTO) questions, the EuroQol Health Questionnaire (EQ-5D), the Health Utilities Index Mark III (HUI-3) and the National Eye Institute Visual Function Questionnaire (NEI-VFQ-25). The effect of other variables than DR on QALY weights was investigated using ANCOVA and the generic instruments were tested for correlation with NEI-VFQ-25. **RESULTS:** The ranges of the QALY weights estimated with the three generic instruments were for no DR, BR, PDR, maculopathy and legal blindness 0.81–0.88, 0.72–0.78, 0.75–0.82, 0.74–0.81 and 0.39–0.68 respectively. In general, the differences in QALY weights between the different severity levels were reduced when adjusted for clinical characteristics and co-morbidities. The difference in QALY weights between the patients with no DR and legal blindness was significant for all instruments. The correlations between the results from NEI-VFQ-25 and TTO, EQ-5D score, EQ-5D VAS and HUI-3 were 0.27, 0.31, 0.38 and 0.68 respectively. **CONCLUSIONS:** This study presents QALY weights for different severity levels of DR, which can be used in cost-effectiveness analyses of interventions directed to DR. Of the instruments we used, HUI-3 seems to be the most sensitive to changes in HRQoL due to progression of DR.

PDB72

FURTHER DEVELOPMENTS OF THE QUALITY OF LIFE ASSESSMENT OF GROWTH HORMONE DEFICIENCY IN ADULTS (QOL-AGHDA)

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OBJECTIVES: The QoL-AGHDA is the first true quality of life (QoL) measure for adult growth hormone deficiency and is widely used in clinical practice and trials. In the UK NICE advises that scores on the QoL-AGHDA should be used to guide treatment selection. The scale has good psychometric properties and has been shown to be responsive to changes in disease severity. The objective of the study was to adapt the QoL-AGHDA for the Czech Republic, Poland, Serbia, Slovakia and Brazil. **METHODS:** The adaptation in each country required three stages: Translation, cognitive debriefing and a validation survey. The dual panel translation method was used to ensure the items were translated accurately and expressed in everyday language. Cognitive-debriefing interviews with local patients assessed face and content validity. The validation survey tested the psychometric properties of the new scales and included the Nottingham Health Profile (NHP) as a comparator measure. **RESULTS:** Validation data are not available for Slovakia. Mean scores on the new versions of the QoL-AGHDA ranged from 6.2 to 11.8 (maximum possible = 25). Internal consistency ranged from 0.89–0.91 and test-retest reliability from 0.88–0.93. QoL-AGHDA scores were statistically significantly related to; perceived general health and level of fatigue in the Czech Republic, perceived physical activity and level of fatigue in Poland and Serbia and to perceived general health and rated QoL in Brazil. Across the countries mean correlations with NHP sections were (as expected) highest with energy level and emotional reactions (correlations 0.68–0.83) and lowest with sleep disturbance and pain (correlations 0.38–0.46). **CONCLUSIONS:** This study indicates that (with the exception of Slovakia which requires further validation) the new language versions of the QoL-AGHDA meet the standards of the original UK version and the other 9 existing versions. The new adaptations represent valid and reliable tools for measuring QoL in international clinical trials.

PDB73

THE PANORAMA PAN-EUROPEAN SURVEY: HYPOGLYCAEMIA ASSOCIATED WITH DIFFERENT PHARMACOLOGICAL TREATMENTS FOR TYPE 2 DIABETES

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OBJECTIVES: Hypoglycaemia can be a side effect of glucose-lowering treatment in patients with type 2 diabetes (T2D) that may counterbalance the beneficial effects of diabetes control. PANORAMA is a large (n = 5156) pan-European cross-sectional survey (NCT00916513) of patients assessing patient reported outcomes and glycaemic control. This subgroup analysis compared rates of severe and non-severe hypoglycaemic events in patients taking different pharmacological treatment regimens. **METHODS:** Patients with T2D were randomly or consecutively selected from medical practices in eight countries. Patients were aged ≥40 years, with T2D diagnosed >1 year and a clinic medical record available >1 year. All patients received dietary/exercise advice and most were also taking either oral antidiabetic drugs (OADs) and/or injectables (insulin and/or GLP-1 receptor agonists). Patients included in this subgroup analysis had been taking the same pharmacological treatment regimen for ≥12 months. Patient-reported frequency of severe (symptomatic episodes requiring external assistance) and non-severe hypoglycaemic episodes in the past year were examined. **RESULTS:** In this subgroup analysis 3106 patients were evaluated including: 1346 taking only OADs without secretagogues; 1452 taking only OADs including secretagogues (sulphonylurea/glinides) and 308 on insulin alone. The percentages of patients experiencing >1 non-severe hypoglycaemic episode in each treatment group were: 8.9% for patients taking OADs without secretagogues; 17.5% for patients taking OADs including secretagogues and 47.4% for patients using insulin alone. The differences between these three treatment categories (pair-wise comparisons) were highly significant ($P < 0.001$). The percentage of patients reporting ≥1 severe hypoglycaemic episode was greater for OADs including secretagogues versus no secretagogues (3.0% versus 1.3%; $P = 0.011$) and for insulin alone versus OADs including secretagogues (13.7% versus 3.0%; $P < 0.001$). **CONCLUSIONS:** Among patients with T2D on glucose-lowering medication, rates of non-severe and severe hypoglycaemic episodes were lowest amongst patients treated with OADs not including secretagogues and highest among patients treated with insulin alone.

PDB74

TYPE 2 DIABETES PATIENT PERSPECTIVES ON HYPOGLYCEMIA

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OBJECTIVES: Understanding the perspectives of Type 2 Diabetes (T2D) patients on hypoglycemia is important, in order to understand the burden of the disease and its treatment, and to develop improved outcome measures. The goal of this project was to identify key hypoglycemia-related concepts among T2D patients using qualitative interviews. **METHODS:** Participants were 19 T2D patients who were prescribed: 1) an oral anti-diabetic (OAD) and had been diagnosed with T2D in the past 3 years (n = 11); 2) a sulfonylurea (SU) or thiazolidinedione (TZD) that caused weight gain, following the failure of an OAD in the last year (n = 5); or 3) an incretin mimetic that caused weight loss, following the failure of an OAD in the last year (n = 3). One-hour in-person interviews were conducted using a semi-structured interview guide. Interviews were coded using ATLAS.ti software and code frequency was used to identify key experiences. **RESULTS:** Patients were 54.4 years of age on average and 63% were female. Tremor, sweating, and dizziness were the most commonly noted symptoms of hypoglycemia; all five of the patients on an SU or TZD reported experiencing tremor. Patients reported concerns about rare, severe events, such as passing out. Patients generally did not report that their lives were substantially impacted by hypoglycemia, but completing compensatory behaviors to prevent hypoglycemia emerged as an important theme (keeping glucotabs in multiple locations, eating large meals). **CONCLUSIONS:** Hypoglycemia has a negative impact on patients with T2D. Many report experiencing hypoglycemia symptoms, and, although T2D patients do not often report anxiety about hypoglycemia, several reported concerns about the consequences of severe events. Patients also engage in compensatory behaviors, which suggests that avoiding hypoglycemia is important. Further refinement of the concepts associated with the patient's experience of hypoglycemia may yield new PRO instruments that can be implemented in clinical trials with T2D patients.

PDB75

THE IMPACT OF PERCEPTIONS OF WEIGHT ON OVERALL HEALTH-RELATED WELL-BEING IN EUROPEAN PATIENTS WITH TYPE 2 DIABETES MELLITUS (T2DM)

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OBJECTIVES: Maintaining a healthy weight is important in the management of T2DM. We investigated the relationship between weight and patient concerns in relation to overall health-related well-being and function among those with T2DM.